I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATUR	RE- NANC.	Y FRIFD

I

Electronic Signature of Signing Officer/Director Detail

# Entity Name: THE POINTE AT BOCA WEST ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

790 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

DOCUMENT# N19079

## **Current Mailing Address:**

790 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

### FEI Number: 59-2067843

#### Name and Address of Current Registered Agent:

CARROLL, KEVIN M 790 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: KEVIN M CARROLL			04/11/2024		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	VP, TREASURER	Title	PRESIDENT			
Name	SISKIN, SHELDON	Name	FRIED, NANCY			
Address	6858 WOODBRIDGE DRIVE	Address	20621 LINKSVIEW CIRCLE			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
Title	DIRECTOR	Title	DIRECTOR			
Name	GOOD, JEFFREY	Name	SCHNEE, RANDI			
Address	20557LINKSVIEW CIRCLE	Address	6816 WOODBRIDGE DR			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
Title	SECRETARY					
Name	TROY, BERNARD					
Address	20558 LINKSVIEW CIRCLE					
City-State-Zip:	BOCA RATON FL 33434					

Certificate of Status Desired: Yes

PRESIDENT

04/11/2024 Date

# FILED Apr 11, 2024 Secretary of State 4218526635CC